

Issue Brief • Health Care Survey of DoD Beneficiaries (HCSDB) • October 2008

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

For many years, cigarette smoking was prevalent in the armed forces and smoking rates exceeded civilian norms¹. Cigarettes were distributed to personnel as part of the Krations and C-rations provided during World War II². Cigarettes sold at commissaries were discounted heavily, encouraging service members to adopt or maintain the habit. However, beginning in the 1970s, the Department of Defense (DoD) changed its policies to discourage tobacco use.

Since that time, the services have removed cigarettes from rations³, ended tobacco companies' promotions, begun smoking prevention and cessation programs⁴, banned tobacco use during boot camp³, raised tobacco prices in military commissaries, and banned smoking in all DoD buildings⁵.

As they have in the civilian world, anti-tobacco efforts have focused primarily on reducing the use of cigarettes. However, among service members, many use tobacco in other forms. Some alternatives are smoking cigars, pipes, bidis and kreteks. The most commonly used alternative, however, is smokeless tobacco, including snuff and chewing tobacco. To date, little has been done to reduce the use of alternative forms of tobacco.

A recent issue brief described use of alternative tobacco products among military beneficiaries⁶. The current brief focuses on the use of smokeless tobacco and compares use in the military population, particularly active duty service members, to use in the civilian population.

Table 1: MHS Beneficiaries' Current Tobacco Use									
Percent									
		2008			2009				
		Cigarettes	Smokeless Tobacco	All Tobacco*	Cigarettes	Smok eless Tobacco	All Tobac∞*		
18-24	Male	27	14	35	25	13	31		
	Female	16	0	16	11	0	14		
25-34	Male	23	13	32	26	15	37		
	Female	15	0	16	16	1	17		
35-44	Male	14	9	25	14	12	28		
	Female	13	0	13	14	1	15		
45-64	Male	20	3	25	19	4	25		
	Female	14	0	14	16	0	16		

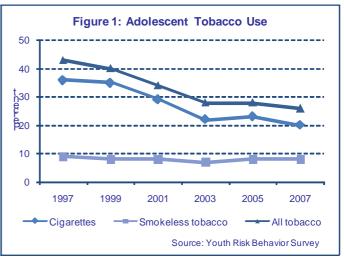
^{*} First 2 columns not mutually exclusive. Includes other tobacco products Source: HCSDB 2008 - 2009

Table 1 shows that use of tobacco observed in the 2009 HCSDB is similar to use in the HCSDB fielded in 2008. Survey responses show a slight reduction in total tobacco use in the youngest cohort and slight increase in the older cohorts, but the changes are not statistically significant.

Table 2: Active Duty Current Tobacco Use, 2008-2009								
		Percent						
		Cigarettes	Smokeless Tobacco	All Tobacco				
18-24	Male	29	16	38				
10-24	Female	14	1	17				
25-34	Male	25	14	35				
23-34	Female	17	1	18				
35-44	Male	15	10	27				
35-44	Female	10	2	14				
45-64	Male	15	5	29				
175-04	Female	12	1	12				

Source: HCSDB 2008 - 2009

Active duty rates for combined use of all tobacco products among the youngest active duty cohort, shown in Table 2, are similar to rates found in the most recent Youth Risk Behavior Survey, in which high school males have tobacco use rates of 30 percent and females, 21 percent⁷. Male active duty rates are slightly higher and female rates slightly lower. Civilian findings shown in Figure 1 suggest that youth smokeless tobacco rates have stayed constant at slightly under 10 percent from 1997 to 2007, while smoking rates have fallen from 36 percent to 20 percent. Because smokeless tobacco use has remained relatively constant in the face of falling smoking rates, it appears



Issue Brief: Smokeless Tobacco Use in the MHS

to account for a growing share of tobacco use among the youngest users⁸.

Table 3: MHS Beneficiaries' Smoking and Smokeless Tobacco Use Percent Used Smokeless Tobacco							
	Ever	Current	Never				
Ever Smoked	66	69	35				
Current Smoker	33	43	15				
Daily Smoker	22	28	12				
Occasional Smoker	11	15	4				
Former Smoker	33	26	19				
Never Smoked	33	31	65				

Source: HCSDB 2009

Table 3 shows smoking and smokeless tobacco rates among MHS beneficiaries. The results indicate that two-thirds of those who currently use smokeless tobacco have also smoked cigarettes. Therefore, about a third of current smokeless tobacco users have never been smokers. About half (43 percent) report they are also cigarette smokers, including 67 percent of young (age 18 to 25) smokeless tobacco users and 33 percent of older (age 26 to 64) users (not shown). Smoking rates by age are similar to the breakdown recorded among civilian smokeless tobacco users in the National Survey on Drug Use and Health⁹.

Of the 43 percent who use both cigarettes and smokeless tobacco, 28 percent are daily smokers and 15 percent are occasional smokers. By contrast, only 15 percent of those who never used smokeless tobacco are current smokers, including 12 percent who smoke every day.

Conclusion

Some have argued that smokeless tobacco use can serve as a less harmful alternative to smoking, reducing the number taking up cigarettes and enabling those who smoke to quit or reduce their use of cigarettes. However, evidence from recent surveys suggests that smokeless tobacco use is complementary to smoking. Restrictions on smoking in public may induce smokers to obtain nicotine from a source that does not produce secondhand smoke while at work but to go back to smoking at other times.

Evidence from the HCSDB suggests that smokeless tobacco use is doing very little, if anything to reduce smoking in the military. The proportion of smokers among

users of smokeless tobacco is much higher than the proportion among other MHS beneficiaries, as is the proportion of users that smokes every day. Though it might be argued that those who use smokeless tobacco without ever taking up cigarettes have been diverted from the more harmful behavior, smoking is much more common among those who use smokeless tobacco than among those who never try it. The lower smoking rate in the older cohort of smokeless tobacco users may indicate that smoking can be replaced over time. However, smokeless tobacco use is relatively rare in the older cohort, so any potential substitution effect appears to be minor.

In short, HCSDB results do not support the proposition that smokeless tobacco reduces the harm of nicotine addiction among military beneficiaries.

Sources

- ¹ Bray, Robert, Laurel Hourani, Kristine Rae, et al. "2005 Department of Defense Survey of Health Related Behaviors Among Military Personnel."
- ² Conway, Terry. "Tobacco Use and the United States Military: A Longstanding Problem." *Tobacco Control*. Volume 7, 1998.
- ³ Williams, Larry. "Tobacco Cessation and the Department of Defense/Department of Veterans Affairs Populations." Presentation at the 2004 TRICARE Conference in Washington, DC. January 28th, 2004.
- ⁴ Department of Defense. "DoD Directive Number 1010.10." March 11, 1986. At http://www.sbasap.com/files/d101010p.pdf.
- ⁵ Kozaryn, Linda. "DoD to Phase Out Smoking at Recreation Facilities." *American Forces Information Service*. April 14, 2000.
- ⁶ "Issue Brief: Tobacco Use in the MHS" 2008
- ⁷ United States Centers for Disease Control. "Youth Risk Behavior Surveillence: 2007". *Morbidity and Mortality Weekly Report*. June 6, 2008. Vol 56: SS-4
- ⁸ United States Centers for Disease Control. Trends in the Prevalence of Tobacco Use. National Youth Risk Behavior Study 1991 2007. Accessed at http://www.cdc.gov/HealthyYouth/yrbs/, March 13, 2009.
- ⁹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The NSDUH Report: Smokeless Tobacco Use, Initiation and Relationship to Cigarette Smoking:* 2002 to 2007. 2009. Rockville, MD.